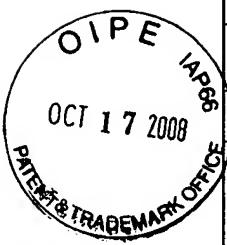


IPW



|   |                                  |                                  |                             |                             |                  |
|---|----------------------------------|----------------------------------|-----------------------------|-----------------------------|------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |                                  |                                  |                             | Docket No.<br>0033-0971PUS1 |                  |
| Application No.<br>10/519,477-Conf. #2658   |                                  | Filing Date<br>December 30, 2004 |                             | Examiner<br>A. R. Hsu       | Art Unit<br>2622 |
| Applicant(s): Hiroaki HAMADA et al.   |                                  |                                  |                             |                             |                  |
| Invention: MOBILE PHONE EQUIPMENT   |                                  |                                  |                             |                             |                  |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>  |                                  |                                  |                             |                             |                  |
| Transmitted herewith is an amendment in the above-identified application.   |                                  |                                  |                             |                             |                  |
| The fee has been calculated and is transmitted as shown below.  |                                  |                                  |                             |                             |                  |
| <b>CLAIMS AS AMENDED</b>  |                                  |                                  |                             |                             |                  |
|   | Claims Remaining After Amendment | Highest Number Previously Paid   | Number Extra Claims Present | Rate                        |                  |
| Total Claims  | 13                               | - 20 =                           | 0                           | x 52.00                     | 0.00             |
| Independent Claims  | 3                                | - 3 =                            | 0                           | x 220.00                    | 0.00             |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                  |                                  |                             |                             |                  |
| Other fee (please specify):   |                                  |                                  |                             |                             |                  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |                                  |                                  |                             |                             | 0.00             |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |                                  |                                  |                             |                             |                  |
| <input type="checkbox"/> No additional fee is required for this amendment.  |                                  |                                  |                             |                             |                  |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.  |                                  |                                  |                             |                             |                  |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.   |                                  |                                  |                             |                             |                  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |                                  |                             |                             |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448<br>as described below. A duplicate copy of this sheet is enclosed. |                                  |                                  |                             |                             |                  |
| <input checked="" type="checkbox"/> Credit any overpayment.   |                                  |                                  |                             |                             |                  |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                  |                                  |                             |                             |                  |
| <br>Charles Gorenstein <i>STEWART, KOLASCH &amp; BIRCH</i><br>Attorney Reg. No.: 29,271 <i>#52377</i><br>Dated: October 17, 2008  |                                  |                                  |                             |                             |                  |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000                                      |                                  |                                  |                             |                             |                  |



Docket No.: 0033-0971PUS1  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Hiroaki HAMADA et al.

Application No.: 10/519,477

Confirmation No.: 2658

Filed: December 30, 2004

Art Unit: 2622

For: MOBILE PHONE EQUIPMENT

Examiner: A. R. Hsu

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated July 25, 2008, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.